School Physicians' Bulletin

Devoted to the interests and advancement of School Physicians and the service rendered by them. Your participation by membership is solicited.

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Should Health Supervision of Schools be Performed Under the Control of the Board of Health or the Board of Education?

By Sven Lokrantz, M.D.

Medical Director, Los Angeles City Schools

It is difficult to approach this subject in an impartial manner as one is influenced unconsciously by one's own position and training and the system under which one has been working and which has proved satisfactory. In many cities this problem has been settled of necessity to conform to local conditions.

Recent questionnaires and publications indicate that the majority of all authorities on School Health Administration are in favor of Board of Education control of a School Health Department.

Wood and Rowell in their publication "Health Supervision and Medical Inspection of Schools" state that "the practice in all except the largest cities is now and has been since 1911 to favor control by the school authorities in the proportion of about three to one."

The majority of Health Officers when writing or speaking of Health Supervision in schools usually designate this work by the term Medical Inspection. Not only is it medical inspection but also something vastly broader. The use of the term "Medical Inspection" to describe the activities of a modern school health department would probably indicate a limited conception of a School Health program.

If School Health Supervision were merely Medical Inspection it would not necessarily be so advisable to have this work under control of the Board of Education, but Medical Inspection is only a small though important phase of the school health work.

Furthermore, control of contagious disease which is rightfully directed by City or County Health Officers, is only a mere fraction of the health program conducted in the schools.

A modern school health program will include the following activities:

(a) Physical examination of all school children to aid the teachers in solving the problems of the backward child, to aid the physical training instructor in adjusting gymnastic activities, in assigning the children to the corrective physical education rooms, and to aid the parents in discovering conditions of which they have no knowledge and which may have a bearing upon the general health and efficiency of the child.

(b) Classroom inspections for contagion.

(c) Physical examination for all teacher applicants.

(d) Corrective physical education for all physically defective school children.

(e) Nutrition classes for all under-nourished children.

(f) Special treatments for poor and needy children at school clinics.

(g) School Sanitary inspection.

(h) Supervision of work permits and examination of working children.

(i) Conservation of children with heart disease.

(j) Conservation of pre-tubercular children.

(k) Conservation of eyesight and hearing.

(l) Occupational therapy for crippled children.

(m) Examination of boys enrolled in the R. O. T. C.

(n) Health supervision of all athletic activities and medical attention for football games.

(o) Health teaching.

When one considers a program of this nature, one realizes how closely is the School Health Work linked with the whole educational system. Furthermore, the natural linkage between the school and the home which is highly advantageous in the development of the child both mentally and physically is maintained more effectively by a school health department within the educational system.

Next let us enumerate some of the most important activities of a City or County Health Department. Most City or County Health Departments include in their program:

(a) Maternity service.

(b) Meat and milk inspection.

(c) Rabies control.

(d) Housing and sanitation.

(e) Mosquito control.

(f) Fruit and vegetable inspection.

(g) Rodent control.

(h) Sanitary engineering.

(i) Vital statistics.

(j) Vaccinations and inoculations against diphtheria and other contagious diseases.

(k) Child welfare of pre-school children.

(l) Epidemiology.

(m) Clinical service for the poor.

Just as a survey of the activities of a City or County Health Department, such as I have enumerated, shows the main activities of these departments to be concerned with the prevention of disease through sanitation, preventive medicine, and the control of communicable diseases, so also a perusal of the activities of a school health department makes clear the strong educational trend of its work. The two fields require a different type of genius for their perfect development and consequently a different leadership. It is of course necessary that school health departments work at all times in closest sympathy and coöperation with the Health Department, in this manner avoiding any duplication of effort when it comes to the control of contagion.

The success of a Public Health official depends on his proper relationship to other governmental agencies and the general public. The success of school physicians or nurses depends on their being recognized for all practical purposes as school employees.

It is not the intention of the writer to advocate that communities where School Health Work is progressing favorably under Board of Health control should change their administrative system but merely to express our belief that a school health program from its very nature can be worked out more effectively as an integral part of the educational system —Under Board of Education Control.

Growth is Accelerated While Child Sleeps

"A child grows while he is asleep. During his waking hours he is constantly using his energy in strenuous play, and his tissues have no time to grow. For that reason, sufficient sleep during the growing periods of a child's life is imperative.

"The half hour before bedtime should be devoted to quiet play with no exciting stories or romping. The child may get so excited that he will be unable to fall asleep readily, or there is danger that he may get too tired to go to sleep. Whatever bedtime the mother sets, it should be regular at all costs. Nothing should interfere with the bedtime habit—neither evening shows nor guests.

"The amount of sleep required by children of various ages has been estimated as: at birth, 22 hours; at six months, 18 hours; at 1 year, 16 hours; from 2 to 5 years, 14 hours; from 6 to 7 years, 12 hours;

from 8 to 10 years, 11 hours; from 13 to 15 years, from 10 to 12 hours, and from 16 to 18 years, from 9 to 10 hours.

"The amount varies with different children of the same age, depending on the amount of growing that the individual child is doing at that age."—*Hygeia*, April 1931.

Oral Hygiene for Children

ALFRED WALKER, D.D.S.

President Dental Society of the State of New York

"The White House Conference on Child Health and Protection, which concluded its 1930 session on November 22nd, made some very significant recommendations in the nineteen point program which it adopted. Reference may be made here to those points which apply especially to the subject of Oral Hygiene in children. The two points bearing upon the subject and the report of the Committee on the practice of medicine and dentistry in relation to health problems might well be quoted:

" 'Every child should have regular dental examination and care.'

" 'Where the child does not have the services due to inadequate income of the family, then such services must be provided to him by the Community.'

" 'There are certain phases of public health work which are especially adapted for developing an attractive program of coöperation between health agencies and the physicians and dentists of the Community. The State and local Health Departments should advise with the medical and dental professions in determining such programs. The State Medical and Dental Associations should appoint for the benefit of the State Health Officer advisory committees approved by their legislative bodies. Likewise the district or county organizations should appoint advisory committees for local health officers.' "

The uninformed and those who may have given but casual consideration to these recommendations do not comprehend the stupendousness of the problem of the dental needs of children. The facts are so appalling that no exaggeration is necessary to dramatize the conditions. Statistics based upon what dentists term as Type 3 examination (Dental examinations are designated as Type 1, Type 2, and Type 3. Type 1 is complete; Type 2 less complete; and Type 3 simplest and quickest, but of course the least complete) reveal such a staggering number of cavities—lost permanent teeth, abscesses, diseased gums and other abnormalities—as to present a major problem in child welfare.

Children, who through loss if teeth or because of tooth misalignment

are unable to properly masticate their food, are just as surely cripples as those who may suffer other bodily deformities. In many instances dental deformity is more serious in its consequences than are other abnormalities which bring the child into the crippled group.

So that some conception of actual conditions may be had, a study of a report based upon a Type 3 examination of a group of 178 boys between the ages of 12 and 17 at the Tompkins Square Branch of the Boys' Club of New York may be helpful. In this group of 178 boys were found 940 cavities in permanent teeth to be filled, 174 permanent teeth already lost, and 127 permanent teeth so extensively involved in decay as to necessitate their extraction. In addition there were 98 boys with abnormal occlusion; that is, the teeth were so misaligned as to make it necessary to introduce orthodontic treatment in order to enable these boys to properly masticate their food. Those with missing permanent teeth and permanent teeth that will have to be extracted, will eventually come into this group of cripples if they are not already included.

Roughly estimated, it would require a minimum of 400 chair hours to take care of the cavities, and an additional 85 chair hours of hygienists' service. Added to this, the time required for extractions, replacements, and orthodontic service including technicians' time for construction of replacements and appliances, makes an addition of not less than 5,000 chair hours or a total of 5,485 hours plus the cost of materials.

That children outside of the cities present essentially the same dental conditions as do the city groups is generally acknowledged. As evidence of the fact, brief reference might be made here to a report of the result of a dental examination recently conducted in the Locust Valley School, Locust Valley, Long Island. A total of 580 boys and girls shows that 451 or 77.7% had teeth with dead pulps, abscessed teeth, or with cavities so extensively involved as to bring them within the group requiring emergency treatment; 99 or 17% had decay of the teeth, but not so extensively as to require "immediate attention;" 258 or 44.48% needed orthodontia (treatment that will bring the teeth into proper alignment); 31 or 5.3% had teeth that could be considered in good condition.

To repair the damage already done in the mouths of all of the children dentally neglected would be well nigh a hopeless task. However, there are two points of attack which suggest themselves—first, *Prevention.* This point from the angle of mouth hygiene and dietary influences is being given extensive consideration, but actual prevention is still somewhat remote. A most logical second point of attack is the recognition of and attention to dental disease in its incipiency, and this brings us to consideration of the pre-school child and those of the kindergarten and early grades.

Organized dentistry is alive to the situation but it must have the help and coöperation of school authorities, and for this purpose the Dental Society of the State of New York has an effective and actively functioning Oral Hygiene Committee and more recently has designated a special committee to consider matters relating to dentistry that may be presented by the White House Conference on Child Health and Protection, and to offer such help and to make such suggestions as may be desirable. Much educational work remains to be done. School officials and others who come into direct contact with the children of school age can assist materially. Those whose activities relate directly or indirectly to the programs and endeavors of Parent Teacher or similarly minded organizations can help in the bringing of service to the pre-school child and information to the expectant mother.

Why Children Should Visit the Dentist

Here are six reasons why children's teeth should be cared for:

1. No child can chew his food properly with decayed, irregular or misplaced teeth. This overworks the stomach and injures the digestion.

2. Badly decayed teeth will abscess. Abscessed teeth can poison the child's system, and may cause heart trouble, kidney trouble, stomach trouble and rheumatism.

3. Badly decayed, abscessed teeth must be cared for or extracted. Extraction may cause irregular and malformed jaws.

4. Every neglected, decayed tooth may cause the tooth next to it to decay. Stop decay and thereby save teeth.

5. Decayed, aching or abscessed teeth decrease a child's ability to study and often keep him out of school. This hinders his school work and this severely handicaps him in the race of life.—*Bulletin*, Milwaukee Health Department.

Fear of Doctor Harms Child

Teach your child not to be afraid of the doctor and the dentist, advises Dr. Don C. Lyons in *Hygeia*. The child who is dragged kicking and screaming to the doctor's office cannot receive the best treatment. Often temporary measures alone can be used, which means that the results cannot be satisfactory.

Most of the reactions of young children are based on instinct, habit or association. While it is instinctive to fear certain things, it is easy to overcome those fears by the correct associations. It rests with parents to teach the child to associate health attention with something pleasant, not with pain or vague terrors.

Preventive Dentistry

Leo M. Baughman, D.D.S., Los Angeles, Calif.

Preventive dentistry, generally speaking, is thought of as prevention of dental caries, because caries is the most prevalent disease of mankind. However, it is by no means so restrictive in its scope.

Success in the prevention of dental caries is to be largely attained by adhering to practical and substantiated fundamental principles. These various preventive measures include diet, pre-natal and post-natal, correct procedures in the filling of teeth, efficient mouth hygiene, etc., etc.

It is frequently heard that "a clean tooth never decays" which leads people to believe that so long as the teeth are well brushed and cleaned, that it is unnecessary to visit the dentist for examinations. This is an erroneous idea. Children's teeth should be examined at least twice a year, and all cavities in the deciduous (baby teeth) should be filled promptly, just the same as in the permanent teeth.

An early diagnosis of incipient dental caries is a very important factor in maintaining a good set of teeth throughout life. The roentgenogram is exceedingly valuable in the diagnosis of incipient caries, as well as in locating areas of infection such as chronic abscesses, pyorrhea lesions, etc.

The question of diet appears to be considerably over-rated at the present time, and to read our literature one would be led to believe that tremendous changes in our food conditions had taken place, and that we can now attribute our problem of dental caries almost entirely to diet. As a matter of fact, the dietaries of children in the vast majority of cases, satisfactorily fulfill all the necessary requirements including as they do milk, vegetables and fruits in adequate proportions.

A list of foods eaten by the ancient Greeks, and Romans would include grapes, apples, asparagus, artichokes, oysters, fish, game, mutton and wheat bread, all of which sound surprisingly modern.

There are many predisposing factors of dental caries—and a faulty diet is just one of them—that aid in bringing about dental caries and the sooner we recognize this fact and treat dental caries from this viewpoint, the more successful the dental profession will be in reducing the prevalence of dental decay.

Proper information regarding the care of the teeth can best be distributed in our public schools, beginning in the kindergartens.

The American Dental Association and its component organizations would do well to disseminate dental health information, by national radio broadcastings and by supplying articles on dental health for publication in popular magazines.

The Dental Hygienist in School Health Service

CHAUNCEY D. VAN ALSTINE, D.D.S.,
State Supervisor of Oral Hygiene, Albany, N. Y.

For several years the dental hygienist has been increasingly used in health work in schools in New York State. To ascertain an opinion and evaluation of their services the following questions were asked of the 74 school superintendents exclusive of New York City, Buffalo and Rochester employing them.

1—So far as it has gone do you believe in the Oral Hygiene Program?

67 answered "Yes," 2 said "Absolutely," 2 "Yes Indeed," 1 "Firmly," 3 "Decidedly," 2 did not reply, 1 expressed "doubt."

2—Have the services of the Dental Hygienists in your schools been of benefit to the children?

67 said "Yes," 1 "Generally Yes," 2 were blank.

3—Are such services popular with the parents and the children?

68 said "Yes," 1 "Mostly," 1 "Reasonably."

4—Do you favor the continuation or extension of the Dental Hygienist in the schools?

65 said "Yes," 1 expressed doubt, 4 were blank.

5—If not, who would you suggest to examine and clean the teeth of the school children and advise parents regarding their condition?

Only 3 replied to this question. All said "A dentist."

6—What would you suggest to improve the service?

Many excellent and practical suggestions were made to this question. Some of them were:

"Secure the highest possible type of persons for the work."

"Check child's dental condition twice a year and report to parents."

"Employment of a dentist to do the follow-up work, at the expense of the district when necessary."

"A better plan should be worked out for more supervision of the services of the hygienist."

"A county unit serving all schools."

"Have a hygienist employed by rural districts to serve several schools under the supervision of a dentist. Make it possible to have all schools served."

"Better equipment for the hygienist, who should be employed as a teacher."

"Employ more hygienists and set up a regular schedule for their services."

"Require more post graduate work that the hygienist may be better prepared for the work."

"Educate people as to the need and value of the work."

"More attention by parents to school suggestion to take child to dentist for treatment."

"More of the same service, that every child may be served."

Some of the suggestions were repeated several times. The replies clearly indicated the interest of school superintendents in oral hygiene and their desire to have it further extended and improved. A similar survey by State Supervisors would be of interest to us.

The Prevention of Dental Caries in School Children

CHARLES C. WILSON, M.D.,

Director of Health, Evansville, Indiana.

In the health examinations of school children the defect which is found to be most prevalent is dental caries. A large percentage of children of school age are found to be in need of dental attention—the exact percentage varying with such factors as the amount of dental health education which has been done and the adequacy of provisions for the dental care of indigent pupils. Among those who are not in need of dental care are a considerable number whose teeth have undergone decay but who have had these decayed areas repaired. The number of school children who have never had dental caries is probably not more than five per cent of the total number of children of school age.

What can be done about this gigantic problem? Naturally children with uncared for dental decay must be urged to receive proper dental care for reparative purposes. But is there anything which can be done along preventive lines? Reports of experimental work which have recently appeared in medical and dental literature indicate that this question can be answered in the affirmative.

After careful observation of several groups of children, Boyd et al. (1) came to the following conclusions:

"Dental caries have been arrested in many instances, under divergent conditions of health and environment, by the ingestion of diets high in mineral and vitamin content. All diets were designed to give adequate protein and calories, but in other respects they varied widely in nature. The arrest usually became apparent after about two months of dietary

control. On the basis of the clinical and experimental observations, it is thought that active caries should be viewed as indicative of nutritional deficiencies. These deficiencies may not make themselves obviously apparent in any other way. Yet when the food intake is made adequate, caries will become arrested, and in other respects there will be evidences of better health."

In this work it was specified that "each child should receive daily a quart of milk, one egg, a teaspoonful of cod liver oil, one ounce of butter, one orange, two or more servings of succulent vegetables and of fruits and such other foods as the child desired."

Studies made by Hanke (2) were interpreted by him to indicate that an increase of vitamin C in the diet was a factor of value in preventing dental caries. It was Hanke's observation that the diets of many individuals were deficient in this vitamin. His conclusions included the statement that "diet is an important factor in preventing and in combatting inflammation of the oral tissues and . . . carious lesions may be an evidence of malnutrition and further progress of this disease can be checked by proper diet."

In a recent article entitled "The Problem of Dental Caries," Bunting and others (3) presented a list of accepted facts in regard to the decay of teeth and then reported the results of their experimental work. Their reports of preliminary studies of dental caries "suggest that an adequate and well balanced diet tends to reduce greatly or to arrest entirely the progress of this disease." Included in the summary of their paper is the statement that "as a result of dietary and therapeutic experiments, active dental caries were reduced to a negligible quantity in 433 children. Of the methods employed, deitary measures appeared to be the most important." The diet which was prescribed was "fortified by milk and green vegetables, but sugar was eliminated as far as possible."

Following animal experimentation and observations of children, Mellanby (4) came to the conclusion that vitamin D is of particular value in the prevention of dental caries. His work suggests that cereals, with an absence of vitamin D, may exert a decalcifying effect. He sums up the subject by stating that "it seems possible to predict that we are within reasonable distance of getting complete control of dental caries by diet alone, both by producing perfect teeth and, even when the teeth are badly formed, by inhibiting the destructive action of bacteria on the teeth."

The leading medical journal (5) and the leading public health journal (6) of this country have recently given prominence to this problem by means of their editorial comment. And now we take the privilege of calling the attention of school physicians to the prediction of research

workers that the hope of prevention apparently lies in the field of nutrition.

The various investigators quoted above are not in agreement in regard to the processes by which dietary measures arrest or prevent dental caries. Some believe that the diet which is high in mineral and vitamin content results in a change in the reaction of the saliva, and that this is the important factor in arresting decay. Others suggest that a change in the bacteria flora of the mouth, as a result of such a diet, is the reason for the inhibition of the processes causing caries. Still others believe that the hardening of the tooth structure is the factor of greatest moment. In spite of disagreement in regard to the exact nature of the phenomenon by which dental caries are arrested, there is an unanimous emphasis of the fact that diet plays an important part, and that fortifying the mineral and vitamin content (particularly vitamin C and D) of the diet is a means of inhibiting or entirely preventing the disease. This is information that can be included and emphasized in the health education work which is carried out by the school physician.

(1) Boyd, J. D., Drain, C. L., and Nelson, M. V.—Dietary Control of Dental Caries. American Journal, Disease of Children, Vol. 38, No. 4, October, 1929.
(2) Hanke, T. H.—Relation of Diet to General Health and Particularly to Inflammation of the Oral Tissues and Dental Caries. Journal, American Dental Association, Vol. XVII, pages 957-67, June, 1930.
(3) Bunting, R. W., Hadley, F. P., Joy, P., and Hard, D. G.—The Problem of Dental Caries. American Journal, Disease of Children, No. 40, page 536, September, 1930.
(4) Mellanby, Edward—Diseases Produced and Prevented by Certain Ford Constituents. Journal, American Medical Association, Vol. 96, No. 5, January 31, 1931.
(5) Editorial—Journal, American Medical Association—Diet and Dental Caries. Vol. 95, No. 25, December 20, 1930.
(6) Editorial—American Journal of Public Health—The Teeth and Diet. Vol. XX, No. 12, December, 1930.

Methuselah

Methuselah ate what he found on his plate
And never, as people do now,
Did he note the amount of the calorie count—
He ate because it was chow.
He wasn't disturbed as at dinner he sat
Destroying a roast or a pie.
To think it was lacking in lime or in fat
Or a couple of vitamins shy.
He cheerfully chewed every species of food,
Untroubled by worries or fears
Lest his health might be hurt by some fancy dessert,
And he lived over nine hundred years!

—*Medical Sentinel*

Dr. Wilbur's Mental Hygiene Program

(1) Medical students and physicians need more adequate training in psychiatry.

(2) There should be internes in every hospital for the care of the insane. The presence of the inquiring student would do more to advance pathology and develop research in our mental hospitals than any other factor.

(3) More of the research energy of the medical profession should be diverted into the difficult fields of psychology and psychiatry.

(4) Education of the public so that they will view mental diseases as they do other diseases.

(5) Handling and care of the mentally ill should be along medical lines rather than legal lines.—*Mental Hygiene Bulletin*, March 1931.

INDIVIDUAL DIFFERENCES

"Individual differences among children are due in some degree to inheritance and are magnified by differences in experience. The differences are enormously complex. In our schools they make any form of mass instruction inadequate to meet the varying needs and abilities of the children. Children need differing amounts of time and of drill, and different children need different methods. . . .

"Individual differences among children, while disturbing to a system of education which tries to ignore them, are potentially the means by which human society may progress."

—A. A. SUTHERLAND.

"Each child is a law unto himself; each one is different in his physical make-up, in intellectual power, in heredity. Each one has variations in home life and opportunities, is subject to emotional states, and has a varying sense of self-appreciation, and a special need of social sustenance. Each child should be recognized as a person whose individuality is to be respected."

—DR. IRA S. WILE, *"Growth in Understanding Children."*

NEED IN CHILD TRAINING

"Getting a clear view of a healthy-minded boy and girl—the kind parents and teachers want to make—is the first need in child training. Then one is prepared to notice deviations from what is called 'normal.' But it is the causes of these variations rather than the changes themselves that are important. The behavior that makes the child a problem is merely a symptom of what is going on inside."

—EDGAR J. SWIFT, *"The Psychology of Childhood." p. 48. D. Appleton and Co., N. Y.*, 1930.

"A progressive school is one where scientifically-minded teachers and parents try to help each individual child, through purposeful activities coöperative experiences, and other forms of creative expression, to learn to value those things which bring the richest and most permanent satisfactions."

—BURTON P. FOWLER, *Head Master, Tower Hill School, Wilmington Delaware.*

Why a school system should devote more time to mathematics or to English, or to a foreign language, than to health education is beyond my comprehension.—*Dr. Willis A. Sutton*, President, National Education Association.

"First Health, then wisdom" should be the objective of every educational system.

Summer Course for School Physicians

This year Columbia University will again present its summer course for school physicians. It will begin on June 15th and close on July 1st. Dr. Haven Emerson and his associates will present medical inspection and school health supervision. Dr. C. I. Lambert gives the instruction in mental hygiene. Mr. E. C. Davis presents the physical educational program including corrective exercises. This Summer Course at Columbia University has been very popular for several years. It furnishes a great deal of practical instruction to school physicians.

Applications for admission should be made by June 1st.

For further information or registration address DeLamar Institute of Public Health, College of Physicians and Surgeons, 630 West 168th Street, New York City.

Believe it or Not

Believe it or not—in view of present knowledge, if we are to be the medical advisors of families, we are surely morally, if not legally, responsible in case a child dies of diphtheria and we have not previously advised the family the necessity of toxin-antitoxin inoculations. The same holds true in other preventable diseases.

Because of magazine, newspaper and radio health articles and talks, etc., the public is ready for preventive medicine. They are not concerned how it is carried out, but they are going to have disease prevention. The family physician is the logical one to furnish this and if he does not, who will?

It is high time for us to take our rightful place in the community as the leaders in medical thought, rather than insurance companies and innumerable lay organizations.—*Nassau Medical News.*

Utilize Light in Conserving the Vision of School Children

By B. FRANKLIN ROYER, M.D.
Medical Director of the National Society for the Prevention of Blindness

We begin conservation of vision of school children by getting the child ready for school. The getting ready process includes as part of the physical examination study the detection and correction of all refractive errors or disease conditions of the eye likely to result in harm to the organ of vision or to the general health of the child. We must then go to the school room and see that it is fit for study and that it is properly equipped and properly lighted. One-fifth or preferably one-fourth of the floor area should be represented in glass lighting area. Windows should be provided with adjustable shades. Buff painted walls, with a lighter coloring of cream or white for ceiling, in flat finish, and a flat unglossed finish for all furniture and woodwork, tend to diffuse light evenly and lessen glare.

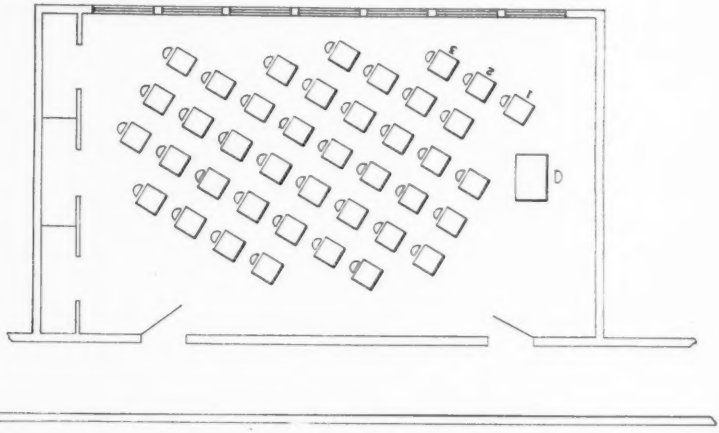


FIGURE 1

Next comes the arrangement of school seats and desks in relation to windows. Light is not being well utilized when desks are arranged in rows parallel with the left-sided banked windows, because such seating gives glare and eye discomfort to many seated near the windows or assigned to the rear seats and encourages twisting the body into a faulty posture to avoid glare. A better method provides for correct orientation by a slightly different arrangement of desks and aisles. Desks which are movable, or fixed desks, may readily be set in a diagonal arrangement,

with aisles and grouping of desks to suit the teacher, so that the light is received over the left shoulder, the pupil facing somewhat toward an inner corner of the room rather than facing the flat wall front of the room. Eye ease and comfort and better posture are thus obtained and daylight is used to its best advantage.

The teacher in coöperation with the janitor may do much to develop proper eye habits by adjusting the seat and the desk to proper height for comfortable reading at the fourteen inch distance while maintaining a correct posture.

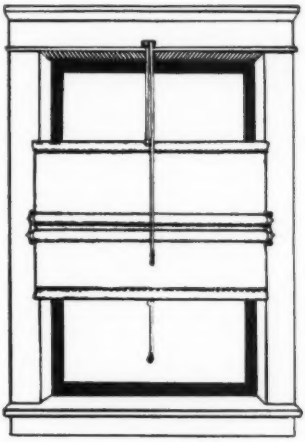


FIGURE II

Regulation of natural light by the use of proper window shades is of great importance in obtaining eye comfort and conserving eyesight. The kind recommended are translucent, buff-colored shades operating from double rollers placed at the middle of the window, one shade rolling up and the other down. Care should be taken that the two rollers are placed close together and that a metal or wooden strip between them and the window is so placed that no streak of light comes between the rollers. The shades must be wide enough so that no light "leaks" come in at the sides of the window. Such an arrangement of shades enables the teacher to utilize at nearly all times the best natural light available, that which comes from the sky through the top of the window.

Nearly all school rooms in the northern latitudes must have some artificial light on winter afternoons and on foggy dark days; otherwise there is an undue amount of eyestrain because of inadequate light. The electric fixtures must be so placed that the light will be well and evenly diffused from lamps, without glare and with as little casting of shadows as possible.

Schools for Crippled Located in 85 Cities

One out of every four hundred children in the United States is crippled. Recognizing this fact, eighty-five American cities have established special classes for crippled children in the schools. Chicago, in 1899, inaugurated the plan. Today there are four such schools in Chicago with an attendance of 1,600.

Forty-five per cent of the children that are crippled have had infantile paralysis. Others became crippled as a result of tuberculosis of the bone, accidents, and bone infections.

Children in the school for crippled children in Newark, N. J., play baseball with the umpire on crutches and the catcher sitting on the ground if he finds it more convenient. It is customary for the bleachers to be filled with wheel chairs. Crippled girls in the school play volley ball.—*Hygeia*, April 1931.

World Federation of Education Associations

FOURTH BIENNIAL CONFERENCE

Denver, Colorado, July 27-August 1, 1931

Plans for the program of the Denver meeting are now being arranged. It is proposed to present many phases of the school health program which concerns leaders in all nations. An attendance is expected of individual public health officers, doctors, nurses, physical directors, educators, classroom teachers, home economists and other authorities, as well as official representatives of educational associations holding membership in the Federation.

Prevention in School Medical Inspection

Safety First, in Health—

School Medical Inspection is Preventive Medicine educationally applied to teachers and to pupils.

It is far easier to keep our teachers and pupils physically and mentally well, than to get them well.

There is no field in which the ounce of prevention intelligently used, is more effective than with the health of school children.

Parents, teachers and pupils should realize that the best time to prevent accidents, defects and illness, is before they occur.

Most of the physical defects found among school children are acquired and preventable. Most of them can be prevented by efficient school medical inspection.

THE HEALTH OF YOUTH

By FLORENCE L. MEREDITH

P. Blakiston's Sons & Co., 1928. 535 pages. Price $1.60

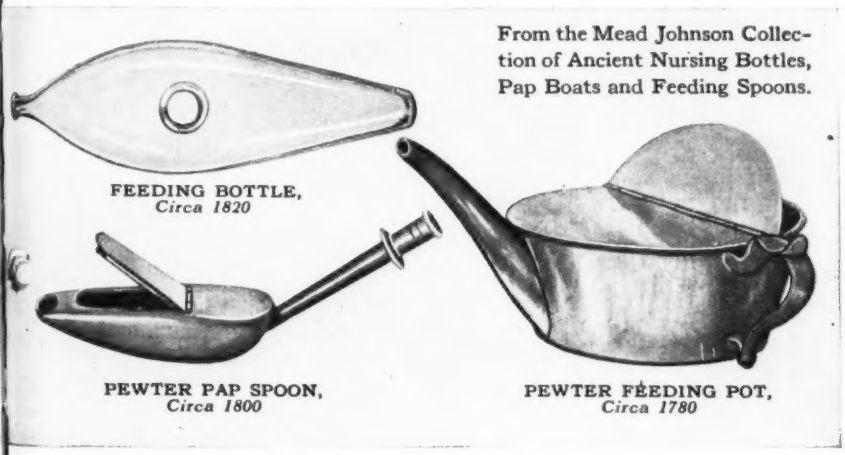
This is a textbook in hygiene intended, apparently, for high school pupils. It is a successful effort to give interesting information, in an interesting way, to boys and girls in the late adolescent period. It contains, as any text must if it really is going to succeed in its object—arousing interest in health and bringing about good health habits—a large amount of basic informational material upon the ways in which the human mechanism works.

It is particularly a relief to read a text of this sort, in view of the fact that for the last half dozen years the textbook field has been flooded with texts on hygiene which contain so little material on basic body functions that the use of the book necessarily reverted to the dogmatic dictum, "This is so because we say it is so," rather than, "This is so and here are the basic scientific facts necessary for understanding the truth of the statement by means of the child's own reasoning."

This is a very valuable text in the field of secondary education, which, on the whole, has not been well covered by up-to-date worth while texts.

CHAS. H. KEENE

Cereals Then — And Now


From the Mead Johnson Collection of Ancient Nursing Bottles, Pap Boats and Feeding Spoons.
FEEDING BOTTLE, Circa 1820
PEWTER PAP SPOON, Circa 1800
PEWTER FEEDING POT, Circa 1780

The type of spoon shown at the lower left had a hollow handle so that the mother could blow the feeding back into the baby's throat. Please see Mead Johnson & Company's advertisement elsewhere in this Journal.

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One out of every four hundred children in the United States is crippled. Recognizing this fact, eighty-five American cities have established special classes for crippled children in the schools. Chicago, in 1899, inaugurated the plan. Today there are four such schools in Chicago with an attendance of 1,600.

Forty-five per cent of the children that are crippled have had infantile paralysis. Others became crippled as a result of tuberculosis of the bone, accidents, and bone infections.

Children in the school for crippled children in Newark, N. J., play baseball with the umpire on crutches and the catcher sitting on the ground if he finds it more convenient. It is customary for the bleachers to be filled with wheel chairs. Crippled girls in the school play volley ball.—*Hygeia*, April 1931.

World Federation of Education Associations

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Denver, Colorado, July 27-August 1, 1931

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Prevention in School Medical Inspection

Safety First, in Health—

School Medical Inspection is Preventive Medicine educationally applied to teachers and to pupils.

It is far easier to keep our teachers and pupils physically and mentally well, than to get them well.

There is no field in which the ounce of prevention intelligently used, is more effective than with the health of school children.

Parents, teachers and pupils should realize that the best time to prevent accidents, defects and illness, is before they occur.

Most of the physical defects found among school children are acquired and preventable. Most of them can be prevented by efficient school medical inspection.

THE HEALTH OF YOUTH

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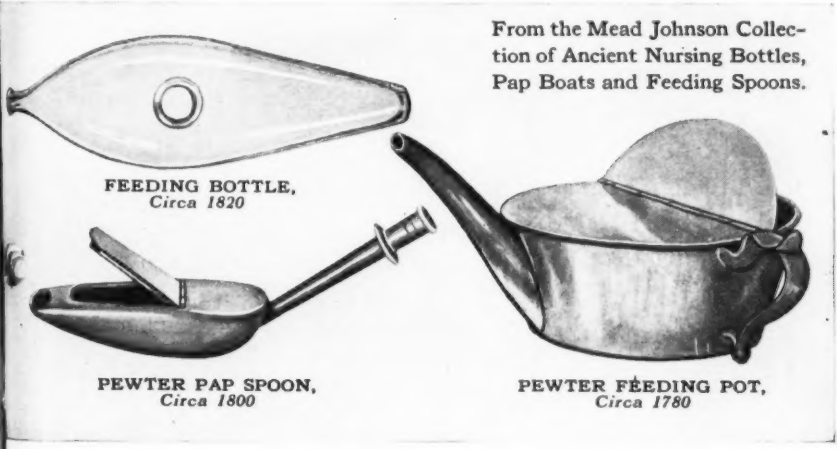
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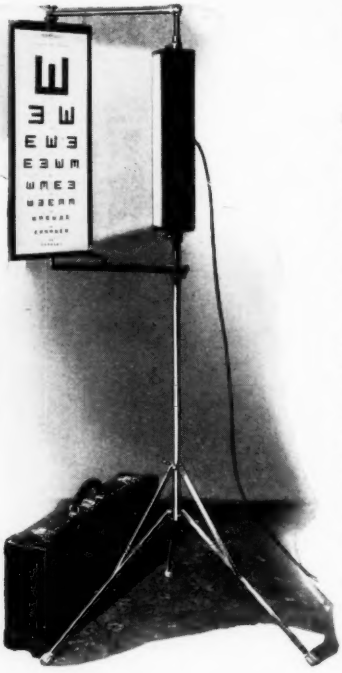

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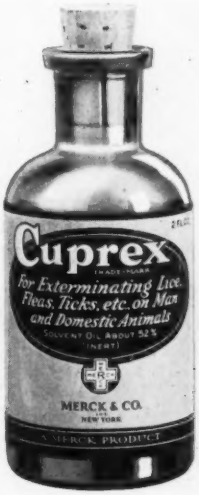

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School Physicians' Bulletin

Devoted to the interest and advancement of school physicians, and the services rendered by them.

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